

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
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145						
146						
147						
148						
149						
150						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
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97						
98						
99						
100						
TOTAL IND.					6	
TOTAL DEP.					161	
TOTAL CLAIMS					167	

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/	/		
2		/		/		
3	/	2	/	/		
4	/	2	/	/		
5	(1)		/	/		
6	(1)		/	/		
7	(1)		/	/		
8	(1)		/	/		
9	(1)		/	/		
10	(1)		/	/		
11	(1)		/	/		
12	(1)		/	/		
13	(1)		/	/		
14	(1)		/	/		
15	(1)		/	/		
16	(1)		/	/		
17	(1)		/	/		
18	(1)		/	/		
19	(1)		/	/		
20	(1)		/	/		
21	(1)		/	/		
22	(1)		/	/		
23	(1)		/	/		
24	(1)		/	/		
25	(1)		/	/		
26	(1)		/	/		
27	/		/	/		
28	(1)		/	/		
29	(1)		/	/		
30	/		/	/		
31	(1)		/	/		
32	(1)		/	/		
33	(1)		/	/		
34	(1)		/	/		
35	(1)		/	/		
36	(1)		/	/		
37	(1)		/	/		
38	(1)		/	/		
39	(1)		/	/		
40	(1)		/	/		
41	(1)		/	/		
42	(1)		/	/		
43	(1)		/	/		
44	(1)		/	/		
45	(1)		/	/		
46	(1)		/	/		
47	(1)		/	/		
48	/	1	/	/		
49	/	1	/	/		
50	/	1	/	/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	(1)		/	/		
52	(1)		/	/		
53	(1)		/	/		
54	(1)		/	/		
55	/		/	/		
56	/		/	/		
57	(1)		/	/		
58	(1)		/	/		
59	(1)		/	/		
60	(1)		/	/		
61	(1)		/	/		
62	(1)		/	/		
63	(1)		/	/		
64	(1)		/	/		
65	(1)		/	/		
66	(1)		/	/		
67	(1)		/	/		
68	(1)		/	/		
69	(1)		/	/		
70	(1)		/	/		
71	(1)		/	/		
72	(1)		/	/		
73	(1)		/	/		
74	(1)		/	/		
75	(1)		/	/		
76	(1)		/	/		
77	(1)		/	/		
78	(1)		/	/		
79	(1)		/	/		
80	(1)		/	/		
81	(1)		/	/		
82	(1)		/	/		
83	(1)		/	/		
84	(1)		/	/		
85	(1)		/	/		
86	(1)		/	/		
87	(1)		/	/		
88	(1)		/	/		
89	(1)		/	/		
90	(1)		/	/		
91	(1)		/	/		
92	(1)		/	/		
93	(1)		/	/		
94	(1)		/	/		
95	(1)		/	/		
96	(1)		/	/		
97	(1)		/	/		
98	(1)		/	/		
99	(1)		/	/		
100	(1)		/	/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						